PATENT

Attorney Docket No.: HOGAN-06650

COMBINED DECLARATION AND POWER OF ATTORNEY FOR PATENT APPLICATION

As the below-named inventor, I hereby declare that:

Post Office Address: 3417 Crestwood Drive, Madison, WI 53705

My residence, post office address and citizenship are as stated next to my name. I believe I am the original, first and sole inventor of the subject matter which is claimed and for which a patent is sought on the invention entitled **Methods and Compositions for Perioperative Genomic Profiling**, the specification of which is attached hereto. I hereby state that I have reviewed and understand the contents of the above-identified specification, including the claims, as amended by any amendment referred to above.

I acknowledge the duty to disclose information which is material to the examination of this application in accordance with Title 37, Code of Federal Regulations, § 1.56(a).

I hereby claim the benefit under Title 35, United States Code, § 120 of any United States application(s) listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States application in the manner provided by the first paragraph of Title 35, United States Code, § 112, I acknowledge the duty to disclose material information as defined in Title 37, Code of Federal Regulations, § 1.56(a) which occurred between the filing date of the prior application and the national or PCT international filing date of this application:

09/613,887	07/1	1/2000	Pending
09/613,887 Application Serial No.	Filin	g Date	Patented, Pending or Abandoned
I hereby declare that all statements no behef are believed to be true; and fur like so made are punishable by fine willful false statements may jeopardize	ther that these statements we or imprisonment or both, to	vere made with the lainder § 1001 of Tit	d that all statements made on information and knowledge that willful false statements and the le 18 of the United States Code and that such issued thereon.
16	POWER OF	ATTORNE	Y
As a named inventor, I hereby appoin	nt the firm of MEDLEN & C	CARROLL, LLP, a firm	n comprised of:
Virginia S. Medlen (Reg No. 32,050) David A. Casimir (Reg. No. 42,395) David J. Wilson (Reg. No. 45,225) Tanya A. Arenson (Reg. No. 47,391) Thomas C. Howerton (Reg. No. 48,650)	Peter G. Carroll (Reg. No. 32,837) Maha A. Hamdan (Reg. No. 43,655) Jason R. Bond (Reg. No. 45,4397) Jaen Andrews (Reg. No. 35,051) Thomas W. Brown (Reg. No. 50,002)		Kamrin T. MacKnight (Reg. No. 38,230) J. Mitchell Jones (Reg. No. 44,174) Thomas J. Bordner (Reg. No. 47,436) Mary Ann Brow (Reg. No. 42,363)
as my attorneys to prosecute this app	dication and transact all bu	siness in the Patent	and Trademark Office connected therewith:
Please direct all correspondence and	telephone calls regarding th	nis application to:	
David A. Casimir MEDLEN & CARROLL, LLP 101 Howard Street, Suite 350 San Francisco, California 94105		Telephone: Facsimile:	608/218-6900 608/218-6910
Full Name of Sole or First Inventor:	Kirk Hogan		
Inventor's Signature:			Date:
Residence: 3417 Crestwood Drive,	Madison, WI 53705		Citizenship: United States of America

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09/613,887	07/11/2000	Pending
Application Serial No.	Filing Date	Patented, Pending or Abandoned

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment or both, under § 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

POWER OF ATTORNEY

As a named inventor, I hereby appoint the firm of MEDLEN & CARROLL, LLP, a firm comprised of:

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Telephone: Facsimile:

608/218-6900 608/218-6910

Full Name of Sole or First Inventor: Kirk Hogan

Inventor's Signature: ______ Date: ______ Citizenship: United States of America Post Office Address: 3417 Crestwood Drive, Madison, WI 53705